

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
 STD 262 (REV 6/93)

See Instructions and *Privacy
 Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Phyllis W. Cheng		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT DFEH	
POSITION Director	CB/ID NUMBER Exempt	DIVISION OR BUREAU Executive		INDEX NUMBER	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 2218 Kausen Drive		TELEPHONE NUMBER 916-478-7250	

CITY [REDACTED]	STATE CA	ZIP CODE [REDACTED]	CITY Elk Grove	STATE CA	ZIP CODE 95758
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(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2)				BREAK-FAST	LUNCH	O.T., L/T N/C RELO OR DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES			AMOUNT
05/06	0730-1100	Sacramento						sc	9.00				9.00	
05/07	1130-1400	Los Angeles						b	2.50				2.50	
05/13	0800-1100	Sacramento						sc	9.00				9.00	
05/17	1130-1300	Pasadena						pc		22	11.00		11.00	
05/19	0930-1100	Sacramento							4.50				4.50	
05/20	0530-1700	San Jose					24.30						24.30	
05/26	0600-1600	Richmond					20.70						20.70	
(10) SUBTOTALS							45.00		25.00	22	12.10		81.00	
COLUMN CODE (ACCTG USE ONLY)														
CLAIM TOTAL												\$	81.00	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
All airfare paid by employee at her own private expense.		0800-1700	
6: Directors Meeting at Agency		(13) PRIVATE VEHICLE LICENSE NBR.	
7: Meeting with Judge Linfield, LA Superior Court		6ATW241	
13: Director's meeting at Agency		(14) MILEAGE RATE CLAIMED	
17: Meeting re: CELA-DFEH Liasion		.5	
19: Meeting at Agency re: communication and special projects		AGENCY ACCOUNTING OFFICE	
20: Speaking presentation - Morgan Lewis Bockius LLP Technology Roundtable		USE ONLY	
26: DFEH administrative regulations hearing		PAID BY REVOLVING FUND CHECK NBR.	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.			

CLAIMANT'S SIGNATURE [REDACTED]	DATE 6/23/10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 6/25/10
17.) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE (See Item 17 on reverse)			DATE